

MEMORIAL GENERAL HOSPITAL
123 Medical Center Drive, Boston, MA 02115
Tel: (617) 555-0123 | JCAHO Accredited

DISCHARGE SUMMARY

PATIENT INFORMATION:

Name: Robert Chen MRN: 258369147
DOB: 03/17/1962 (61 years) Gender: Male
Admission Date: 02/28/2024 Discharge Date: 03/04/2024
Attending Physician: Dr. Amanda Roberts, Cardiology
Service: Cardiology

ADMITTING DIAGNOSES:

1. Acute Anterior Wall ST-Elevation Myocardial Infarction
2. Cardiogenic Shock

DISCHARGE DIAGNOSES:

1. Acute ST-elevation myocardial infarction of anterior wall (I21.09)
2. Cardiogenic shock (R57.0)
3. Three-vessel coronary artery disease (I25.110)
4. Hyperlipidemia (E78.5)

CONSULTATIONS:

- Cardiology: Dr. Amanda Roberts
- Cardiac Surgery: Dr. Steven Parker
- Cardiac Rehabilitation: Michelle Adams, RN
- Nutrition: David Kim, RD

HISTORY OF PRESENT ILLNESS:

Mr. Chen is a 61-year-old male with history of hyperlipidemia and family history of premature CAD who presented via EMS with acute onset of severe crushing substernal chest pain radiating to left arm and jaw, associated with diaphoresis and nausea. Symptoms began approximately 90 minutes prior to arrival while watching television at home.

EMS obtained EKG showing ST elevation in anterior leads (V1-V4) with reciprocal changes in inferior leads. Administered aspirin 324mg and nitroglycerin x2 with partial relief. Patient was transported to our cardiac catheterization lab as STEMI alert.

PAST MEDICAL HISTORY:

- Hyperlipidemia: Diagnosed 2015, on atorvastatin
- Pre-diabetes: Last HbA1c 6.2%
- Hypertension: Borderline, lifestyle management

- No prior cardiac history

PAST SURGICAL HISTORY:

- Laparoscopic cholecystectomy: 2018
- Right knee arthroscopy: 2010

SOCIAL HISTORY:

- Married, works as accountant
- Smoking: Never
- Alcohol: 1-2 glasses wine weekly
- Exercise: Sedentary lifestyle
- Diet: High in processed foods

FAMILY HISTORY:

- Father: Myocardial infarction at age 52, died
- Mother: Hypertension, alive at 85
- Brother: Coronary artery disease, stent at age 58

ALLERGIES:

- No known drug allergies

REVIEW OF SYSTEMS:

Constitutional: Positive for diaphoresis, fatigue

Cardiac: Positive for chest pain, palpitations

Respiratory: Denies shortness of breath at rest

GI: Positive for nausea, denies vomiting

GU: Denies dysuria, hematuria

Musculoskeletal: Denies joint pain

Neurological: Denies headache, syncope

PHYSICAL EXAMINATION ON ADMISSION:

Vitals: BP 88/54, HR 118, RR 22, Temp 98.9°F, SpO2 94% on 4L O2

General: Diaphoretic, pale, in moderate distress

HEENT: Normocephalic, mucous membranes dry

Neck: Supple, no JVD

Cardiovascular: Tachycardic, S1 S2 normal, S4 gallop, no murmurs

Lungs: Clear to auscultation bilaterally

Abdomen: Soft, non-tender

Extremities: Cool extremities, weak pulses

Neurological: Alert and oriented x3

DIAGNOSTIC STUDIES:

Laboratory Results:

- Troponin I: 15.8 ng/mL (peak), 8.2 ng/mL (current)
- CK-MB: 245 ng/mL
- BNP: 450 pg/mL
- LDL: 145 mg/dL
- HbA1c: 6.3%
- Creatinine: 1.2 mg/dL

Imaging:

- EKG: Sinus tachycardia, ST elevation V1-V4, Q waves developing
- Echocardiogram: Anterior wall akinesis, EF 35%, mild mitral regurgitation
- Coronary Angiography: 100% thrombotic occlusion LAD, 70% RCA, 60% LCx

HOSPITAL COURSE:

Day 1: Taken directly to cardiac cath lab. Emergent PCI performed with drug-eluting stent to proximal LAD. TIMI 3 flow restored. Admitted to CCU with cardiogenic shock. Started on dopamine drip for blood pressure support.

Day 2: Hemodynamically stable, weaned off pressors. Started on guideline-directed medical therapy. Mild contrast-induced nephropathy noted.

Day 3: Transferred to cardiac step-down unit. Cardiac rehabilitation initiated. Renal function improving.

Day 4-5: Progressively ambulating. Education on cardiac diet, medications, and lifestyle modifications. Discharge planning initiated.

PROCEDURES PERFORMED:

1. Emergency cardiac catheterization
2. Percutaneous coronary intervention with drug-eluting stent (027034Z)
3. Intra-aortic balloon pump placement (5A02110)
4. Echocardiography with Doppler
5. Continuous cardiac monitoring

CORONARY ANGIOGRAPHY FINDINGS:

- Left Main: No significant disease
- LAD: 100% thrombotic occlusion proximal segment
- LCx: 60% stenosis mid segment
- RCA: 70% stenosis proximal segment
- Ejection Fraction: 35%

INTERVENTION:

- Vessel Treated: LAD
- Stent: Xience Sierra 3.5x28mm drug-eluting stent
- Result: TIMI 3 flow restored, no residual stenosis
- Complications: None

MEDICAL MANAGEMENT:

- Dual antiplatelet therapy: Aspirin + Ticagrelor
- Beta-blocker: Metoprolol succinate
- ACE inhibitor: Lisinopril
- High-intensity statin: Atorvastatin
- Aldosterone antagonist: Eplerenone

COMPLICATIONS:

1. Cardiogenic shock - resolved
2. Contrast-induced nephropathy - resolving
3. Reduced ejection fraction - ongoing

CARDIAC REHABILITATION:

- Phase I: Inpatient mobilization completed
- Phase II: Outpatient program scheduled
- Education: Diet, exercise, risk factor modification

DISCHARGE MEDICATIONS:

1. Aspirin 81mg daily
2. Ticagrelor 90mg twice daily
3. Atorvastatin 80mg daily
4. Metoprolol succinate 25mg daily
5. Lisinopril 5mg daily
6. Eplerenone 25mg daily
7. Isosorbide mononitrate 30mg daily
8. Furosemide 20mg daily as needed for edema

DISCHARGE INSTRUCTIONS:

Activity: Walking 10-15 minutes twice daily, gradual increase

Diet: Cardiac diet (low sodium, low saturated fat, low cholesterol)

Weight: Daily weight monitoring

Follow-up:

- Cardiology: Dr. Roberts in 7 days
- Primary Care: Dr. Morris in 14 days
- Cardiac Rehabilitation: Initial assessment in 2 weeks

WARNING SIGNS:

Return to ED for: Chest pain, shortness of breath, palpitations, fainting, weight gain >3 lbs in 1 day

DISCHARGE CONDITION:

Stable for discharge home. Hemodynamically stable.

Understanding of medication regimen and activity restrictions.

ICD-10 CODES:

I21.09 - ST elevation (STEMI) myocardial infarction involving anterior wall

R57.0 - Cardiogenic shock

I25.110 - Atherosclerotic heart disease of native coronary artery with unstable angina

E78.5 - Hyperlipidemia, unspecified

DISCHARGE DISPOSITION:

Discharged to home with wife. Home health referral for nursing assessment and medication reconciliation.

AMANDA ROBERTS, MD

Board Certified Cardiovascular Disease

Massachusetts Medical License #76546

Dictated: 03/04/2024 11:30

Signed: 03/05/2024 09:15